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ABSTRACT

This document reviews three teenage pregnancy prevention strategies which were selected because of their easy access to teenagers and to illustrate the cost of implementation. After a discussion of the high cost of teenage pregnancy, the role of the state legislatures is described. Accessibility and acceptability are cited as two important considerations for legislatures considering programs. Schools are noted to be good places to start prevention activities since they provide a captive audience. The three prevention strategies discussed are family life education, school-based health clinics, and community-based prevention programs. A specific example of each is provided. Policy implications of each type are discussed. Evaluations of each type of program in the areas of cost, accessibility to at-risk teenagers, and expected impact are described; a table provides ratings of the three program types. References are included. (ABL)

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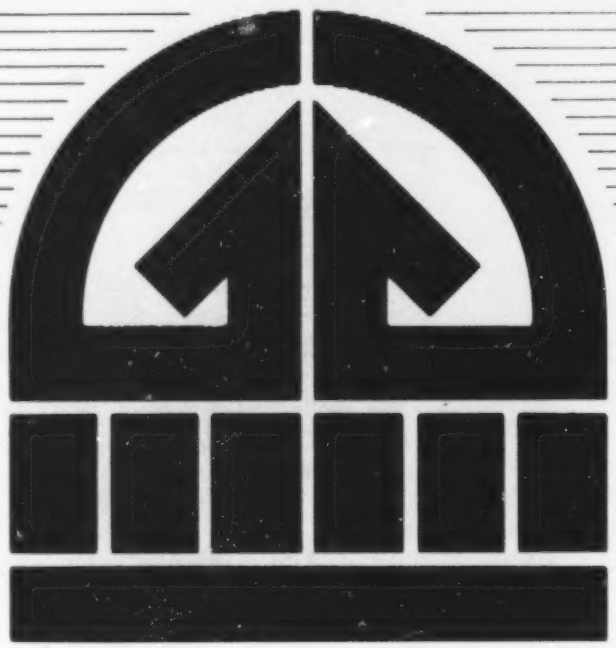

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TEEN-AGE PREGNANCIES: CAN WE AFFORD NOT TO PREVENT THEM?

by

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INTRODUCTION

Teen-age childbearing is very costly. It is estimated that teen-age pregnancies cost the United States $16.6 billion in 1985. By the time a child born to a teen-ager in 1985 reaches 20 years of age, taxpayers will have paid $15,620 in AFDC, Medicaid, food stamps, public housing and social services costs.[1] A study completed of California public schools estimated the cost of providing child care, transportation and support services to parenting teen-agers at $5,000 to $8,000 per person per year.[2] With nearly 500,000 yearly births to teen-agers, the long-term economic impact of delivering services to this population is staggering.

Equally important is the social impact. Teen-age mothers are more likely to experience low educational achievement, unemployment, single parenting, poverty and welfare dependency, pregnancy-related complications, infant mortality and child abuse.[3] With the potential benefit of saving millions of dollars and averting human tragedy, prevention of teen-age pregnancy is an important issue on state legislative agendas.

This legislative report will review three teen-age pregnancy prevention strategies. These strategies were selected because of their easy access to teen-agers and to illustrate the cost of implementation.

BACKGROUND

Most experts agree that early and comprehensive prevention strategies can be cost-effective. Options available to teen-agers once pregnancy occurs are all difficult and costly; therefore, there is an increased emphasis on preventing pregnancy in the first place.[4] A recent report by the National Governors' Association on teen-age pregnancy noted that "by most any social or financial measure, it is less costly and more effective to prevent pregnancy than to intervene in the consequences."[5]

Specifically, one expert estimates that seven million at-risk teen-agers could be reached with comprehensive prevention programs providing health services, drop-out prevention and job placement. This could be accomplished at a cost of $2 billion, compared to the $16 billion paid annually for families headed by teen-age parents, a one to eight ratio.[6]

The State Legislative Role. Legislatures are in an excellent position to have an impact on reducing teen-age pregnancy. The legislative roles in this regard are that of authorizing, financing and evaluating prevention programs. First, services and programs can be offered through the legislature's authorizing power. This authorization can be a mandate for the formation of a task force, a study or a program.

State legislatures' financing roles vary from state to state, but can involve earmarking federal pass-through funds, directly allocating state funds, and setting fee-for-service charges. A legislature can be responsible for determining the appropriate level, as well as combination of funding, for teen-age pregnancy prevention programs.

Legislatures also can perform important oversight and evaluation functions. Legislative committees may conduct hearings to evaluate program progress and determine the impact on the target population. They may also

commission a study or conduct an actual site evaluation of prevention programs.

Accessibility and Acceptability. Two important considerations for legislatures examining prevention programs are the issues of accessibility and acceptability.[7] Services may not always be readily accessible to teen-agers because they are located in areas where teens do not congregate. Program planners should consider placing services in locations that are easily reached and are comfortable to teen-agers. This will increase the likelihood of the services being used.

The second consideration in program design is acceptability. Programs should reflect the teen-agers' needs and attitudes if they are to be utilized. Additionally, parents, legislators and community leaders should find pregnancy prevention programs that are acceptable within their community.

PREVENTION STRATEGIES

Schools can be a good place to reach teen-agers with pregnancy prevention programs. First, teen-agers are required to attend school until they are 16 years of age in most states. Schools, therefore, provide a captive audience; access is excellent. Secondly, the successful school programs require parent, student and community input, so acceptability can also be excellent.

Family Life Education. One school-based program that may prove to be an effective prevention strategy is family life education (FLE). Family life education encompasses instruction in human sexuality, family planning, interpersonal relations, decision-making skills and positive role-modeling. Instruction is provided as part of the regular curriculum and can be adapted to any grade level.

A comprehensive family life education curriculum encourages responsible sexual decision-making and explains human sexual development in a supportive learning environment. Researchers and practitioners agree that this approach helps to dispel many myths about human sexuality and provides transferable decision-making skills to teen-agers. New Jersey has had a great deal of success with its family life education program.

The New Jersey Initiative. In 1980, the New Jersey State Board of Education required that all public school districts provide programs in family life education in both junior high and senior high school. Four areas of instruction are addressed: interpersonal relationships, human sexual development, responsible personal behavior, and the creation of strong families.[8]

This initiative has received wide acceptance and support. All students, regardless of ethnicity, socio-economic status and school location receive FLE instruction, making it a nonstigmatizing program. The program provides for community involvement in the development of curriculum and selection of books, and parents have the option of excusing their children from participating in the classes. Most important, full responsibility is given to local school districts for curriculum development and program implementation.[9]

The Irvington Public School System in Essex County, New Jersey, has been cited for its innovative comprehensive family life education program. Irvington serves 10 schools with nearly 9,000 students. A recent survey of

parents in the school district demonstrated that most were aware of and approved of the FLE program. Less than one percent of all parents excused their children from even one lesson.[10]

The cost of implementing the program was estimated at $20,000 for materials plus the salary of a coordinator. The funds were raised by the local school board and most of the start-up money was spent acquiring materials for specific grade levels. The proposed budget for 1987-88 is $22,500.

The family life education program was initiated by the State Board of Education and therefore, the legislature did not perform any authorization or financing functions. However, there are three states--Illinois, Michigan and Tennessee--that have legislative mandates to provide family life education programs.

School-Based Health Clinics. A second prevention strategy that offers high accessibility is school-based health clinics. The clinics are designed to provide health screening, diagnosis and education programs to all students, thereby meeting overall health care needs while working to reduce teen-age pregnancies.

Currently, there are 101 school-based clinics operating in 28 different states, with several scheduled to open this year.[11] Recently, Michigan approved funding for 100 new clinics, New Jersey allocated $6 million for its school-based youth services program, and Wisconsin authorized $1 million for teen-age pregnancy prevention, including school-based clinics.*

Most school-based clinics offer a variety of services aimed at serving an entire school population. Services may include, according to local preferences, athletic physicals, health assessment, laboratory and diagnostic screening, immunizations, first-aid and hygiene, family planning counseling and services, prenatal and postpartum care, day care, drug and alcohol abuse programs, and nutrition and weight reduction programs. In nearly all clinics, written parental consent is required to receive services.

Funding for school-based clinics is usually obtained from three sources. The typical clinic derives approximately 64 percent of its support from public sources (48 percent federal and 16 percent state), 36 percent from private sources such as foundations, and 2 percent from patient fees.[12] The actual cost of operating a school-based clinic ranges from $25,000 to $250,000 per clinic, or $100 to $125 per student annually for reasonably comprehensive care.[13]

St. Paul School-Based Health Clinic. The St. Paul School-Based Health Clinic Program is a cooperative effort between the school district, the health-care facility and the public welfare system that began in 1973. Health services are offered at four local high schools with staff provided through the St. Paul-Ramsey Medical Center and the local social services agency. Services are comprehensive, ranging from minor illness treatment to more extensive counseling and referral. Clinic staff also have developed a human sexuality curriculum for both junior and senior high students.

* Information gathered from the Center For Population Options.

The St. Paul clinics are often cited for their expertise in adolescent health education and for the longevity of the program. Over 2,000 students are seen annually through the clinics and many more are reached through the educational programs. Results indicate teen-age pregnancy and repeat pregnancies have continually declined; teen-agers who are sexually active are more careful about contraceptive use; and increasing numbers of teen-age mothers are graduating from high school.[14] Expenditures for calendar year 1986 were $1.3 million, which included day care and prenatal and post-partum care.

The Minnesota Legislature has an important relationship to the program, since it appropriates federal pass-through funds the clinics will receive. Additionally, the legislature is conducting public state-wide hearings on the possible expansion of school-based health clinics.

Community-Based Prevention Strategies. At-risk teen-agers, who are not being reached at school or who have left school, may be reached through community-based programs. These programs may be particularly important for reaching teen-age males, since studies indicate that males are typically older than their female counterparts and are therefore sometimes out of high school.

Community-based strategies are designed to provide coordinated, comprehensive services to the at-risk teen-age population. They require wide community participation by local community agencies, health departments, interested citizens and political leaders, which reduces duplication of services and creates an expanded network for outreach to teen-agers. The outcome can be effective and economical service delivery.

Illinois has initiated just such a comprehensive and coordinated teen-age pregnancy prevention strategy that has several community-based programs.

The Illinois Parents Too Soon Program. Initiated by Governor James Thompson in April 1983, Parents Too Soon is a multi-agency cooperative program designed to prevent teen-age pregnancies and assist those teen-age parents who do become pregnant. The program funds 125 community-based programs and operates a toll free hot-line that teens can call for referrals to programs in their area.

Medical, social, nutritional, educational and vocational services are offered through contracts with the Department of Public Health and the Department of Children and Family Services. The contracting agencies represent local health departments, hospitals, community health agencies, mental health agencies, family planning agencies, Catholic Charities, Lutheran Services, YMCAs and YWCAs, and local school districts. Services include helping teen-agers with their communication, decision-making and job skills. An educational component also helps teen-agers evaluate the consequences of an unwanted pregnancy.

Another service offered through the Parents Too Soon program is family planning counseling. Community-based family planning clinics provide pregnancy prevention information for teen-agers outside the school system. For comparative purposes, the cost of providing basic family services in these clinics is estimated to be $12 to $27 per visit.[15]

In 1984, Illinois secured 100 percent federal funding for developing these community programs. A total of $12.9 million was obtained through the Maternal and Child Health Grant, Social Services Block Grant, and Women, Infant and Children programs. Figures for FY 87 indicate that $1.9 million of the total program funds are now state-appropriated, with the remaining amount coming from federal sources.*

The Illinois Legislature conducts annual hearings on the progress and impact of the Parents Too Soon initiative. Lawmakers are also directly responsible for the allocation of both state and federal appropriations for the program.

POLICY IMPLICATIONS

Pregnancy prevention strategies targeted at teen-agers can be cost-effective alternatives to the financial burden of early childbearing. Family life education, school-based health clinics and coordinated community-based pregnancy prevention programs are three popular options available to legislators.

Three issues of vital concern to lawmakers in evaluating prevention programs for use in their states are cost of the program, accessibility of the program to the at-risk teen-agers, and the expected impact of the prevention program.

In terms of cost, family life education programs are perhaps the least expensive, costing approximately $5 per student per year (refer to Table 1). They are highly accessible to teens because they are located in the schools and are a part of the general curriculum (refer to Table 2). Due to their recent introduction and lack of standardization, these programs have received mixed evaluations in terms of their impact on teen-age pregnancy. Most experts agree, however, that the decision-making component of the course has a slightly positive impact on teen-age pregnancy prevention, while the biological facts component has neither a positive or negative impact.[16]

The family life education approach may be useful to those states that wish to begin a long-term prevention program with low start-up costs and high accessibility.

Community-based programs are more expensive than FLE programs. For example, family planning counseling alone costs around $25 per student per visit. The programs may have less of an impact than FLE programs because they are not located in the schools and adolescents must make more of an effort to seek out their services. Nevertheless, evaluation of the Parents Too Soon program indicates positive results: teen birth-rates have dropped, repeat pregnancies are down, children born to teens are healthier, and teens show higher educational attainment levels.[17]

These community-based programs may be attractive to states and communities where initiating prevention programs within the school system is a problem. They also may be useful in communities where there is a history of success in working together to solve local problems.

* Linda P. Miller, Parents Too Soon Program, September 1987, personal communication.

The school-based clinic is an alternative that may serve many different concerns. It is expensive relative to the other two options, averaging nearly $125 per student, but is highly accessible to teen-agers and appears to have a high impact on reducing pregnancy rates. Studies show that these clinics have a high usage rate and that they reduce fertility, drop-out and repeat pregnancy rates.[18]

School-based health clinics may be desirable in states interested in providing better health care to adolescents. They are helpful to communities where health care may be inadequate or inaccessible to teen-agers, such as in high-density urban areas or sparsely-populated rural areas.

Each state has individual needs and political climates which must be considered in developing teen-age pregnancy prevention strategies. There is no single answer to the question of which prevention strategy is the best. Deciding on a prevention strategy will depend upon the relative importance of cost, access and impact desired by the particular state. For the most part, legislators will be challenged to develop the best program for the least amount of money.

The Teenage Pregnancy Project joined the NCSL state services program in June 1987. The project has been funded by the Ford Foundation and is designed to provide state legislators and legislative staff with information and resources related to teen-age pregnancy and parenting, drawing from experiences in the 50 states. Major project activities are providing technical assistance, producing publications and contributing to the NCSL Annual Meeting.

On-site technical assistance is being offered to three different states each year. The assistance must be requested by a legislator, and typically takes the form of presentations, workshops or bill drafting. The project also includes writing and disseminating three publications a year describing successful state experiences. Topics to be explored in the first year are prevention of teen-age pregnancy, services for teen-age parents, and the results of a legislative survey.

Other activities include:

- Organizing an information clearinghouse, within a national computerized legislative information system, comprised of state legislative committee reports, interim reports, legislation and other pertinent resource materials that legislators can use in making policy decisions; and

- Developing a forum, by way of an advisory committee of organizations working in the field, for ongoing discussions of current research, model programs and successful state strategies.

For more information, contact Patrick Bustos or Heather Maggard in the Denver office at (303) 623-7800.

Table 1.
Prevention Program Costs

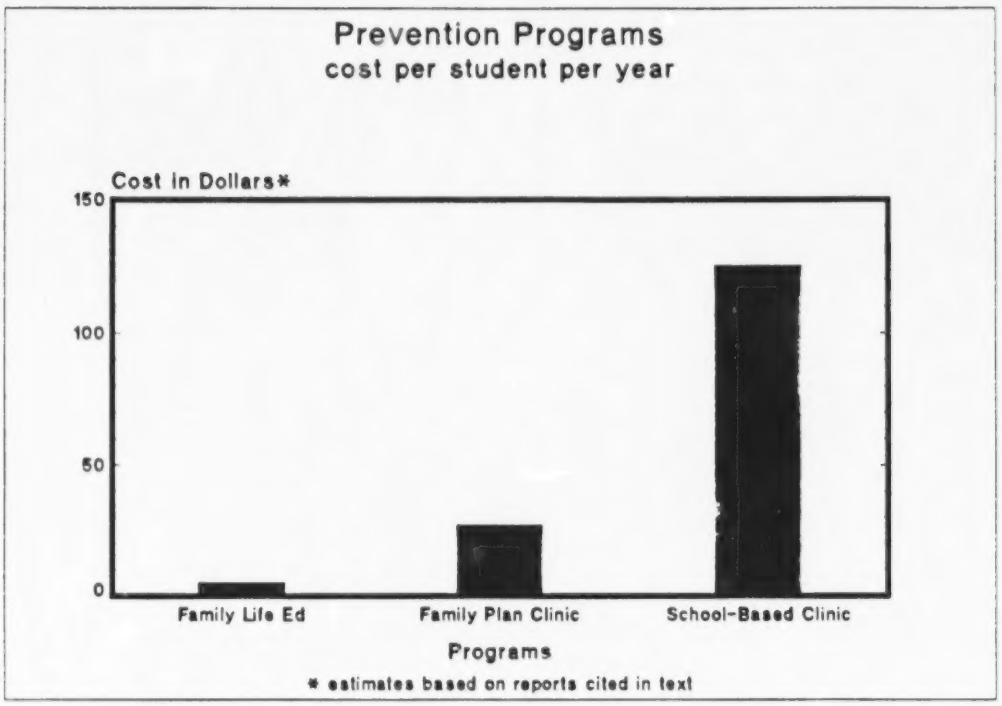

Table 2.
Program Evaluation Based On Selected Criteria

	Evaluation Criteria		
Program	Cost	Access	Impact
Family Life Education	Low	High	Inconclusive
Community-Based	Moderate	Moderate	Moderate
School-Based Health Clinic	High	High	High

Table 3.
States With School-Based Health Clinic Programs

Arizona	Maryland	New York
California	Michigan	Ohio
Colorado	Minnesota	Oregon
Connecticut	Missouri	Pennsylvania
Delaware	Mississippi	South Carolina
Florida	Montana	Tennessee
Illinois	North Carolina	Texas
Indiana	New Jersey	Virginia
Louisiana	New Mexico	Wisconsin
Massachusetts		

Source: The School-Based Clinic Update 1987, Support Center for School-Based Clinics

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17. "Parents Too Soon" Innovations In State and Local Government, (Cambridge: State, Local and Intergovernmental Center, 1987), p. 6.

18. Douglas Kirby, "School-Based Health Clinics: An Emerging Approach to Improving Adolescent Health and Addressing Teenage Pregnancy" (Washington, D.C: Center for Population Options, 1985), pp. 13-14.

National Conference of State Legislatures Children, Youth, and Families Program

The Children, Youth, and Families Program of the National Conference of State Legislatures is designed to meet the needs of state legislatures in developing policy and programs related to children and families. The following services are available at no cost to legislators and staff:

- information clearinghouse
- research assistance
- publications
- technical assistance

Technical assistance includes testimony at committee hearings, briefing sessions for state legislators and their staffs, and bill drafting and analysis. Resources and expertise are provided by NCSL staff, national experts, and legislators.

Project Areas

Child Care/Early Childhood Education. Funded by the Carnegie Corporation of New York, the project facilitates coordinated policymaking between legislators who work on child care issues in human services committees and those who work on education issues in education committees. The project assists state legislators in developing coordinated programs to meet child care and early education needs. Technical assistance is a major project commitment, including: planning and strategizing meetings with legislators, legislative staff, and professionals in the public and private sector; on-site delivery of assistance through hearings, briefings, workshops, or seminars; and evaluation meetings.

Child Support Enforcement. With the growing number of single-parent families, state and federal laws protecting these families' rights in establishment of paternity, child support orders, and enforcement of support and visitation are important public policy considerations. The project, under contract with the federal Office of Child Support Enforcement, assists lawmakers in developing child support public policy, including: program analysis, assistance in interpreting and drafting laws per federal compliance issues; and assessing inter- and intrastate child support enforcement, custody, visitation, and paternity establishment legislation.

Child Welfare. Through a grant from the Edna McConnell Clark Foundation, the Child Welfare Project assists state legislators in improving state child welfare systems. State child welfare systems are the primary means by which states meet the needs of abused and neglected children. Foster care or out-of-home placement is the most expensive form of child welfare service and the most traumatic for the child. With the recent explosion of abuse and neglect reports, state child welfare systems are experiencing enormous stress. Consequently, many states are exploring service alternatives. Services to prevent out-of-home care, to reunify families, and to provide adoption and other placement alternatives have become major components of the child welfare system. Technical assistance is available to legislators in a variety of areas to improve services, to assist states in complying with the federal Adoption Assistance and Child Welfare Act (P.L. 96-272), and to evaluate administration and financing mechanisms.

Teen Pregnancy. The Teenage Pregnancy Project, funded by the Ford Foundation, provides state legislators and legislative staff with information and resources from state experience related to teenage pregnancy and parenting. Major project activities are to provide on-site state technical assistance to three states each year, produce three publications annually, operate an information clearinghouse, participate in a national advisory committee, and contribute to the NCSL Annual Meeting.

For more information, call or write Shelley Smith, Program Manager, Children, Youth, and Families Program, National Conference of State Legislatures, 1050 Seventeenth Street, Suite 2100, Denver, Colorado 80265, (303) 623/7800.